COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CHILD CARE INCOME ELIGIBILITY/CO-PAYMENT WORKSHEET

Client Name _____ Case # _____ Date _____

Number in Family Unit _____	Maximum Income Allowed _____	Poverty Level For Family Size (Head Start Wrap Around) _____

Gross Monthly Income:	$_____
Income Eligible:	_____ Yes _____ No
Head Start-Enrolled Child in Family	_____ Yes _____ No
Monthly Amount Family Pays: Multiply Gross Monthly X 10% = Co-Pay: OR Head Start Family below Poverty Level = 0 Co-Pay	$ _____ $ _____

Optional: Anticipated Closing Date (check one)

_____ Transitional Period Ends _____ 60 Months Ends _____ NA